

# KY Medicaid Chiropractor Fee Schedule 2022

<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• <b>Red indicates new codes or changes for the most current revision date.</b> □</li> <li>• The appearance on this website of a code and rate is not an indication of</li> <li>• 26 visits per beneficiary in a 12-month period</li> <li>• Regulation 907 KAR 3:125.</li> <li>• It is the responsibility of the provider to check member eligibility.</li> <li>• CPT only copyright 2021 American Medical Association. All rights reserved.</li> </ul>	
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

CODE	DESCRIPTION	Rate	NOTES
20560	NDL INSJ W/O NJX 1 OR 2 MUSCLES, INSERTION OF NEEDLES IN 1 OR 2 MUSCLES	See Physician Fee Schedule For Rates	
20561	NDL INSJ W/O NJX 3+ MUSCLES, INSERTION OF NEEDLES IN 3 OR MORE MUSCLES	See Physician Fee Schedule For Rates	
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTERO	See Physician Fee Schedule For Rates	
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	See Physician Fee Schedule For Rates	
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	See Physician Fee Schedule For Rates	
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VI	See Physician Fee Schedule For Rates	
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDIN	See Physician Fee Schedule For Rates	
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	See Physician Fee Schedule For Rates	
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	See Physician Fee Schedule For Rates	
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VI	See Physician Fee Schedule For Rates	
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	See Physician Fee Schedule For Rates	
72081	X-RAY EXAM ENTIRE SPI 1 VW	See Physician Fee Schedule For Rates	
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	See Physician Fee Schedule For Rates	
72083	X-RAY OF SPINE, 4 OR 5 VIEWS	See Physician Fee Schedule For Rates	
72084	X-RAY EXAM ENTIRE SPI 6/> VW	See Physician Fee Schedule For Rates	
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VI	See Physician Fee Schedule For Rates	
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR	See Physician Fee Schedule For Rates	
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLU	See Physician Fee Schedule For Rates	
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS 0	See Physician Fee Schedule For Rates	
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	See Physician Fee Schedule For Rates	
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	See Physician Fee Schedule For Rates	
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO	See Physician Fee Schedule For Rates	
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	See Physician Fee Schedule For Rates	
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	See Physician Fee Schedule For Rates	
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	See Physician Fee Schedule For Rates	
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	See Physician Fee Schedule For Rates	
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	See Physician Fee Schedule For Rates	
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	See Physician Fee Schedule For Rates	
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	See Physician Fee Schedule For Rates	

CODE	DESCRIPTION	Rate	NOTES
73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS	See Physician Fee Schedule For Rates	
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	See Physician Fee Schedule For Rates	
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	See Physician Fee Schedule For Rates	
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	See Physician Fee Schedule For Rates	
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	See Physician Fee Schedule For Rates	
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROP	See Physician Fee Schedule For Rates	
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	See Physician Fee Schedule For Rates	
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	See Physician Fee Schedule For Rates	
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VI	See Physician Fee Schedule For Rates	
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	See Physician Fee Schedule For Rates	
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAM	See Physician Fee Schedule For Rates	
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN R	See Physician Fee Schedule For Rates	
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE	See Physician Fee Schedule For Rates	
95860	MUSCLE TEST ONE LIMB	See Physician Fee Schedule For Rates	Added 1/1/2022 special certification to perform Needle EMGs must be on Providers KY Medicaid file
95861	MUSCLE TEST 2 LIMBS	See Physician Fee Schedule For Rates	Added 1/1/2022 special certification to perform Needle EMGs must be on Providers KY Medicaid file
95863	MUSCLE TEST 3 LIMBS	See Physician Fee Schedule For Rates	Added 1/1/2022 special certification to perform Needle EMGs must be on Providers KY Medicaid file
95864	MUSCLE TEST 4 LIMBS	See Physician Fee Schedule For Rates	Added 1/1/2022 special certification to perform Needle EMGs must be on Providers KY Medicaid file
95885	MUSC TST DONE W/NERV TST LIM	See Physician Fee Schedule For Rates	Added 1/1/2022 special certification to perform Needle EMGs must be on Providers KY Medicaid file
95886	MUSC TEST DONE W/N TEST COMP	See Physician Fee Schedule For Rates	Added 1/1/2022 special certification to perform Needle EMGs must be on Providers KY Medicaid file
95905	MOTOR &/ SENS NRVE CNDJ TEST	See Physician Fee Schedule For Rates	
95907	NERVE TRANSMISSION STUDIES, 1-2 STUDIES	See Physician Fee Schedule For Rates	

CODE	DESCRIPTION	Rate	NOTES
95908	NERVE TRANSMISSION STUDIES, 3-4 STUDIES	See Physician Fee Schedule For Rates	
95909	NERVE TRANSMISSION STUDIES, 5-6 STUDIES	See Physician Fee Schedule For Rates	
95910	NERVE TRANSMISSION STUDIES, 7-8 STUDIES	See Physician Fee Schedule For Rates	
95911	NERVE TRANSMISSION STUDIES, 9-10 STUDIES	See Physician Fee Schedule For Rates	
95912	NERVE TRANSMISSION STUDIES, 11-12 STUDIES	See Physician Fee Schedule For Rates	
95913	NERVE TRANSMISSION STUDIES, 13 OR MORE STUDIES	See Physician Fee Schedule For Rates	
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	See Physician Fee Schedule For Rates	
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	See Physician Fee Schedule For Rates	
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD	See Physician Fee Schedule For Rates	
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, M	See Physician Fee Schedule For Rates	
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL	See Physician Fee Schedule For Rates	
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	See Physician Fee Schedule For Rates	
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL	See Physician Fee Schedule For Rates	
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND,	See Physician Fee Schedule For Rates	
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	See Physician Fee Schedule For Rates	
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	See Physician Fee Schedule For Rates	
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	See Physician Fee Schedule For Rates	
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES	See Physician Fee Schedule For Rates	
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION,	See Physician Fee Schedule For Rates	
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT	See Physician Fee Schedule For Rates	
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY	See Physician Fee Schedule For Rates	
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELET	See Physician Fee Schedule For Rates	
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO T	See Physician Fee Schedule For Rates	
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO	See Physician Fee Schedule For Rates	
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REG	See Physician Fee Schedule For Rates	
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE	See Physician Fee Schedule For Rates	
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	Termed by CMS 12/31/2020
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	See Physician Fee Schedule For Rates	